

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003804

Entity Name: ALLEN MEMORIAL UNITED METHODIST CHURCH, INC.**Current Principal Place of Business:**206 PACE PKWY.
CANTONMENT, FL 32533**Current Mailing Address:**206 PACE PKWY.
CANTONMENT, FL 32533**FEI Number:** 59-3429897**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PIPPIN, CAROLE
4479 CHESTNUT RD.
MOLINO, FL 32577 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	TS
Name	PIPPIN, CAROLE
Address	4479 CHESTNUT RD
City-State-Zip:	MOLINO FL 32577

Title	T
Name	KELLY, JIMMY
Address	4483 CHESTNUT ROAD
City-State-Zip:	MOLINO FL 32577

Title	T
Name	NALL, TOMMY
Address	103 MAGNOLIA AVE
City-State-Zip:	CANTONMENT FL 32533

Title	TREASURER
Name	SPARKS, RUSSELL A
Address	10992 COUNTRY OSTRICH DRIVE
City-State-Zip:	PENSACOLA FL 32534

Title	TC
Name	MCKIM, LYNN
Address	3500 CRABTREE CHURCH RD.
City-State-Zip:	MOLINO FL 32577

Title	TV
Name	CAMPBELL, KAYE
Address	1876 CHAVERS RD.
City-State-Zip:	CANTONMENT FL 32533

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RUSSELL A. SPARKS**TREASURER****02/08/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date